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Image# 201708079070092583

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (| a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|------------------------------------|------------------------|---------------|------------------|---|---------------|---------------|----------------|------|--|
| | Racioppi, Samson, , 1981, | | le Marada | a about | | 10.0- " | tolo FEO ! ! | m4ifi = -4' | Junak | | |
| (1 | b) Address (number and street) | | | | | Candidate's FEC Identification Number H8MA06109 | | | | | |
| (| c) City, State, and ZIP Code | | | | | 3. Is This | | ew | | nded | |
| | salisbury | | MA | 01952 | | Staten | · · | N) OR | (A) | | |
| | Party Affiliation | 5. Office Sought | | | 6. State & Dist | | date | | | | |
| | LIBERTARIAN | House | | | MA | 06 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. I | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | | |
| N | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (; | (a) Name of Committee (in full) | | | | | | | | | | |
| Samson Racioppi Committee to Elect for Congress | | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | | |
| (1 | 8 main street | | | | | | | | | | |
| | | | | | | | | | | | |
| (| c) City, State, and ZIP Code | | | | | | | | | | |
| | salisbury | | | | MA | 01952 | 2 | | | | |
| | , | | | | | | | | | | |
| | | | | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES | | | | | | | | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | | |
| | hereby authorize the following name | ned committee, wh | ich is NOT | my principa | al campaign cor | mmittee, to re | eceive and ex | pend funds | s on behalf of | my | |
| | IOTE: This desires should be f | ti a di collata dia a cardina alia | 1 | | | | | | | | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | | |
| (; | a) Name of Committee (in full) | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (1 | b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | | |
| | c) City, State, and ZIP Code | | | | | | | | | | |
| (| -,,,, <u>-</u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | I certify that I have exa | mined this Statem | ent and to t | the hest of i | my knowledae s | and haliaf it is | true correct | t and comp | loto | | |
| | | Timed triis Claterin | on and to t | 110 0001 01 1 | | | | and comp | | | |
| _ | nature of Candidate | | | | | Date | | | | | |
| Rac | ioppi, Samson, , , | | [Electronically Filed] | | | | 08/07/2017 | | | | |
| | | | | - | - | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NOT | FE: Submission of false, erroneous, | or incomplete info | rmation ma | ay subject tl | ne person signii | ng this Stater | ment to pena | Ities of 2 U. | S.C. §437g. | | |
| NOT | TE: Submission of false, erroneous, | or incomplete info | rmation ma | ay subject tl | ne person signii | ng this Stater | ment to pena | Ities of 2 U. | S.C. §437g. | | |
| NOT | FE: Submission of false, erroneous, | or incomplete info | rmation ma | ay subject tl | ne person signii | ng this Stater | ment to pena | lties of 2 U. | S.C. §437g. | | |

FEC FORM 2 (REV. 02/2009)